



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2011 - JUNE 30, 2012
Deadline: July 13, 2012**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2012 JUL 13 PM 2 51

THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA
Division/Unit: North Central Public Health Center

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	2	271	X	\$21.79	=	\$5,905.09
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Types of work performed by GENERAL VOLUNTEERS in this category:

Volunteers provide clerical support which include filing, purging records, inventorying supplies, making copies, organizing materials and other miscellaneous office duties as needed.

b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.	Hours	X	\$21.79	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
No. of Vol. Total Hours 0 Total Value =					\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	2	271	\$5,905.09
2b.			
2c.			
Total Vol.		2 Hours	271 Total Value = \$5,905.09

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

TOTAL VALUE =	\$0.00
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4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	41	X	Rate	\$31.86	=	\$1,306.26
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	2	X	Rate	\$72.03	=	\$144.06
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS	=	\$0.00
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d. TOTAL OF VOLUNTEER PROGRAM COST (add 4a, 4b, and 4c)	=	\$1,450.32
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5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	<u>\$5,905.09</u>
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	<u>\$0.00</u>
c. Subtract Total of Program Costs, Item 4d (Page 3)	<u>\$1,450.32</u>

TOTAL PROGRAM BENEFIT

\$4,454.77

6. RECRUITING:

Please describe your recruiting programs:

Recruitment for volunteers are obtained through self referrals for volunteer work by individuals, direct email contact and through referrals from Public Health Nursing Administration.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:**

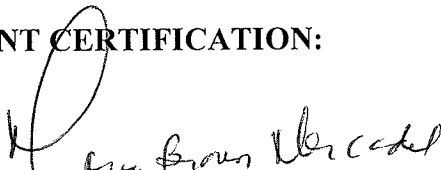
Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to provide volunteer opportunities to support health center needs.

9. **GENERAL INFORMATION:**

Name of person completing report: Gerri Matthiesen
Phone: 858 573-7340 Mail Stop: N-513 E-Mail: gerri.matthiesen@sdcou
Volunteer Coordinator: Gerri Matthiesen
Phone: 858 573-7340 Mail Stop: N-513 E-Mail: gerri.matthiesen@sdcou

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7/10/12

DATE